

The
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The Church Leader's Counseling Resource Book

THE CHURCH LEADER'S COUNSELING RESOURCE BOOK

A Guide to Mental Health and Social Problems

Edited by

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To my friend Rebekah, whose life experiences in the ministry help convince me that this counseling resource book for church leaders was needed

To my daughter Christina, whose gifts of creativity and compassion forever inspire me in new ways

—*Cynthia Franklin*

To my father-in-law and mother-in-law, Harpole and Beverly McMullin, who have served in the pastoral ministry for over 50 years

To my husband, Lee McMullin, who has been my partner in blended families and marriage ministry

—*Rowena Fong*

Foreword

As one who sat in the pew with a broken heart, afraid to let anyone know for fear of being seen as “not spiritual enough” or being marginalized, I am excited about this book! Most pastors, like my pastor at the time, want to reach out, want to help, but they don’t have the tools with which to work, and much less the time to get involved in issues that require lots of tender loving care. Try as they might, they feel as though they are in over their heads. And it is understandable: They just don’t have the resources.

If someone came into your office today and confessed their deep-seated sin of spousal abuse rooted in anger toward the opposite sex, what would you do? Or perhaps a multiple personality disorder? Or someone suffering from posttraumatic stress disorder? No doubt you would listen with concern and compassion. You would suggest some reading material. You would offer what counsel you could, but you no doubt would feel inadequate and ill equipped. You may recommend the person to a reputable counselor in your area, if there is one. Or you may try to counsel the person yourself as best as you could.

You weren’t trained for this. You have a heart for it, but it is beyond what you know to do. And if you are honest, you have a church full of people who are hurting deeply because we live in a society of wounded people. The wounds are complicated and the implications far reaching.

You hold in your hand a wonderful resource. It is not the definitive work on any one subject covered—it cannot be. But it is the best from the best. You will find excellent treatment of most, if not all, the issues and problems confronting your people—maybe even you—today.

We can no longer hide our heads in the sand. No longer can we pretend these things do not exist in the church. We cannot ignore them and hope they will go away. We have to confront them with compassion, understanding, love, wisdom, and knowledge. We have to provide a safe place for people to deal with their messy issues. They are right here in our churches, sitting in the pews feeling alone and isolated. God wants us to find truth in our innermost being. It is the truth that sets us free (John 8:32).

In my own ministry I use my own story of messiness, which includes divorces, depression, a child with an eating disorder, a child who was dabbling in drugs, and a child who had two babies out of wedlock. Today I am dealing with a special needs grandchild and a blended family. This wasn’t the life I had dreamed of and not the life you would expect from the daughter of Billy Graham. But I believe that in transparency we find freedom from that which keeps us in bondage, and it is where life-changing ministry takes place. I take my mask off about my own issues to give people permission to be honest about theirs, creating a safe place so they can begin the journey to wholeness (II Corinthians 3:18).

God longs for us to be healthy emotionally (Luke 4:18–19, John 10:10). He has called you to minister to His wounded flock and now has given you a valuable, important resource to help you. Take this book. Buy it. Read it. Study it. Use it. It will make you much more effective in your work with fellow messy pilgrims.

Ruth Graham

Preface

The Church Leader’s Counseling Resource Book is a book for pastors and pastoral care providers whose day-to-day ministries puts them on the front lines in the provision of counseling and care to church members. This book provides cutting-edge knowledge, resources, and practical strategies for helping people with serious family crises, mental illnesses, substance abuse, and tough social conditions that require change. Each chapter serves as its own resource manual for how to recognize serious mental

illnesses and social problems and will help pastors and church leaders to fine tune their counseling, referral, and solution-finding abilities. Jesus modeled the ministry approach of social justice and mercy that this book proposes. Luke 4:18 and Acts 10:38 are scriptures that speak specifically to the work of Jesus. Luke 4:18 serves as our anchor scripture: *The spirit of the Lord is on me because he has anointed to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight to the blind, to released the oppressed, to proclaim the year of the Lord's favor* (Luke 4:18, New International Version). Acts 10:38 also talks about how God anointed Jesus with the Holy Spirit and power, and how *he went around doing good and healing all who were oppressed*. It is the purpose of this book to help every minister have greater confidence to help those who are hurting. Similar to the work of Jesus, we believe when we minister to the most distressed people in our world that a greater power and blessing will come on our ministries.

This book is written explicitly for clergy who carry out pastoral care, but we also assumed that many pastors would use this resource book to educate interns, associates, lay ministers, and the myriad volunteers that may help with their pastoral care and counseling duties. For this reason, we comingle professional, ecclesiastical titles like pastor, minister, father, pastoral counselor, and lay minister with more generic terms like church leader. By doing so, we wish to give credibility to the assorted titles and personnel that different churches may use in their provision of pastoral care and counseling. Of course, the titles and pastoral care roles described in the different chapters are by no means exhaustive and may not include every church's preferred roles and ecclesiastical terms.

UNIQUE APPROACH OF THIS BOOK

This resource book for pastors and church leaders is unique because it teaches evidence-based counseling based on the latest scientific evidence but also integrates this knowledge with scriptural and ministry approaches. Evidence-based treatments have passed through rigorous investigations based on scientific studies and have been subject to expert review and critique of that evidence. The term "evidence-based practice" or "evidence-informed practice" means that when counseling is offered by trained mental health professionals that the best available treatments that are supported by research evidence will be used to help people. Professional counselors and therapists who follow the standards of evidence-based practice apply an evidence-based process using the following steps to help people: (1) ask specific and answerable questions about what is the best way to help a person; (2) seek answers to those questions by consulting the best available scientific evidence; (3) appraise the scientific evidence and decide on a helping strategy; (4) adapt the best scientific practices based on the needs, values, and preferences of the persons that they are helping; and (5) evaluate their counseling approaches for effectiveness and suitability for each person served. We believe that pastors are essential to evidence-based practice and are important partners in ensuring that members of their congregations who are hurting receive the very best help.

Each chapter in this book includes knowledge to educate pastors about the evidence-based practices that are needed to help people with serious mental illnesses and social problems. This book, however, is much more than a handbook on scientific facts about effective interventions. It is also filled with stories and examples of compassionate and effective ministry with troubled people and provides practical counseling and referral strategies so that pastoral care providers will know how to respond to each person in need.

HOW WE SELECTED THE CHAPTER TOPICS

The topics contained in this book were identified by a review of the professional literature about clergy preparatory needs in relationship to helping people with mental illnesses and social problems. Additionally, we used a survey to gather information about what types of mental illnesses and social problems that pastors confronted in their ministries. We also solicited this same information from our editorial board, which acted as our consulting editors (see biographical information on pages xix). The survey allowed us to make personal contact with clergy from diverse denominations and independent churches who discussed their experiences in the counseling and care of their church members. These pastors told us about the problems they frequently encountered and the issues that they needed the most help in tackling. The survey is included in Appendix C, and we encourage other pastors and pastoral care providers to complete and return it to us. We are interested in hearing the concerns of diverse clergy and will use this information to improve future editions of this book.

Fortunately, we were able to get feedback from several different clergy perspectives, including Baptist, Presbyterian, Lutheran, Methodist, Assemblies of God, Catholic, Mennonite, Episcopal, Church of Christ, Bible Churches, and independent, Charismatic churches. The perspectives of diverse pastors were extremely helpful in guiding the contents of this book. Although every topic suggested by clergy could not be included in the book, there was strong agreement among the pastors, our editorial board, and the professional literature about the priority mental health and social problems faced by today's churches. Based on the results of this information, we developed the table of contents.

CONTENTS AND ORGANIZATION OF THE BOOK

The Church Leader's Counseling Resource Book is divided into 11 sections; it has 35 chapters and an Epilogue. In addition, there are three appendices: a list of professional self-help books and a resource list of Christian counseling and training resources (Appendix A), a glossary of mental health terms (Appendix B), and a pastoral survey about mental health (Appendix C). Each section was developed to address important issues confronted by pastors. In deciding which sections and chapters to include, we relied on the degree of interest expressed in the survey to guide us. We regret that one limitation to a book like this one is that we cannot include every issue that pastors might need information on. This book also cannot express all the complexities and ethical and legal dilemmas pastors might confront in helping troubled people. To make up for the limitations in the knowledge covered, we suggest other learning resources in each chapter and in Appendix A. Even though this book cannot be everything to everyone, it is filled with practical advice and counseling suggestions that pastors will find useful in their everyday ministries. Each section and chapter was prayerfully and purposefully crafted to provide critical information for what to do when faced with helping people who have serious problems. Each chapter uniquely offers both counseling and scriptural methods for helping.

The book is organized into 11 sections and except for the beginning introductory and the concluding epilogue chapters, the frequency of the concerns of the pastors surveyed guided the placement and organization of the chapters. Section one begins this journey by discussing the significant role of pastors in the resolution of mental health and social problems. This chapter also provides information on different mental health/behavioral health counselors and asks pastors to reflect about the importance of their ministry to mental health and social services. Section two offers chapters on eating disorders and addictions, including substance abuse and sexual addictions, which were among the most frequently mentioned concerns by pastors when filling out the survey. Section three deals with kids with behavior and school problems, which are common issues that parents bring to pastors and youth ministers and seek guidance on.

Anxiety is one of the most frequently diagnosed mental disorders, and depression, anxiety, and complicated grief reactions often coexist, making them high priorities in the counseling and care of church members. Section four in this book covers these topics. Section five deals with serious mental illnesses, such as schizophrenia, bipolar disorder, and suicidal reactions; pastors told us that they needed more education on these issues. Domestic violence, child abuse, and working with people with severe personality disorders can be some of the hardest counseling issues that a pastor may face, and Section six of this book provides guidance on handling these complicated problems. Section seven addresses how pastors can handle more concrete needs of their congregations, such as financial problems and impoverished communities; it also addresses other serious social issues, such as immigration and human trafficking.

There are intricate links between health, family stress and conflict, and a person's mental health. Health issues and family conflict often dominate the conversations of a large number of prayer requests and pastoral care and counseling sessions. Sections eight and nine of this book address concerns about elders and health and serious family stress that may occur due to marital and family conflict and adjustment to challenging family situations such as divorce, single parenting, managing a blended family, and adoption and foster care. Section ten asks pastors to look more inward and focuses on mental health issues that pastors and leaders in churches may confront in themselves. Issues such as sexual abuse, stress and burnout, and mental health issues in the life of a pastor are covered. This section provides helpful information that may guide pastors to help each other and support lay leaders in helping their church leaders. Finally, Section eleven, the Epilogue, and the Appendices of this book provide further reflection

on pastoral responsibilities and roles in mental health care and social services; they also provide additional resources that may help churches be more effective when they offer their own counseling and social services ministries.

WHO HELPED US DEVELOP THIS RESOURCE BOOK

One of the strengths of this book is the cadre of extremely talented contributors. In this regard, we feel like moving this book forward has been a little bit like Moses in the wilderness who had a multitude of Elders that assisted him while moving the children of Israel toward the promise land. This book became a reality because each editorial board member and contributing author believed in its contents, importance, and purpose. What an amazing group of individuals serve as contributors! Contributors include pastors, missionaries, pastoral educators from seminaries, professional pastoral counselors, social work professors from universities and medical schools, psychiatrists, psychologists, professional counselors, marriage and family therapists, and administrators of church ministries and nonprofit organizations, among others. Each author provides the very highest in excellence both in expertise and practical experiences with his or her chosen topic.

Acknowledgments

First and foremost we would like to thank Oxford University Press for supporting this work. Our deepest gratitude goes to Joan H. Bossert, Maura Roessner, and Brian Hughes for their help and guidance during the development of this book. We would also like to thank Katherine Montgomery, Christine Lagana-Riordan, Beth Gerlach, Kristen Boyd, Jamie Shepherd, and Albert Yeung for their help with the background research, editorial assistance in the management of this project, and the preparation of the manuscript. We also owe our deepest gratitude to our authors and esteemed editorial board members. Each author was extremely dedicated to this project, and our editorial board members provided us very capable guidance in the planning of the book and excellent ideas for improving its contents. We were deeply saddened during this book project by the death of one of our editorial board members, Dr. Ray Anderson, who was a senior professor of theology and ministry at Fuller Theological Seminary and had over 45 years of pastoral and teaching experience. Dr Anderson was a leader in uniting the faith and mental health communities, and he was very involved in providing consultation and direction to this book. We regret that Professor Anderson did not live to see this book in print, but we know that his spirit is embedded in every page.

We also give credit to the pastors and church leaders who participated in our survey and all the reviewers who gave us feedback on the chapter contents. Each perspective helped us shape this book into a valuable resource. Thanks also go to our families, friends, and colleagues who endured the long hours and focused commitment necessary to carry this project to completion. Finally, we ask each reader to join with us in giving thanks to God from whom all blessings flow.

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Section 1

Equipping Yourself to be the Best

Mental Health Helper

Chapter 1

Effective Ministry with the Hurting

Cynthia Franklin and Rowena Fong

Pastor Ron was the lead pastor in a growing and successful church. Many Christians in his congregation gave testimonies of God's grace in their lives and credited the support of the church for helping them through stressful family and emotional situations. In Pastor Ron's sermons and calls for prayer, he was attentive to emotional issues such as depression or fear, often calling for those who were experiencing distress to come forward for healing prayer. A new member, Sally, came forward for prayer in a Sunday prayer service. Later that week, Sally showed up at Pastor Ron's office seeking counseling and prayer about her marital distress. Sally told the pastor that her husband of 10 years had left her 2 months ago and was moving forward with a divorce. Sally confided in Pastor Ron that she did not want the divorce, which she thought was sinful. Sally further told Pastor Ron that she had been a stay-at-home mom with three children (a 4 year old, a 6 year old, and an 8 year old), and she had no job. Since her husband left, she had no income and was relying on her 70-year-old mother for living expenses and help with her children. Sally said, "I can't sleep or eat because I feel hopeless about my life." Sally gently sobbed as she expressed her despair to Pastor Ron.

Pastor Ron could tell that Sally was really hurting about the divorce, but it was not unusual for him to comfort members of his congregation who had trouble sleeping and had shed a lot of tears because of their divorce. Pastor Ron hoped to offer the spiritual resources and emotional support to help Sally get through this extremely difficult emotional time. Pastor Ron had a compassionate heart, and he listened intently about Sally's marital problems and emotional distress and prayed for Sally. He offered scriptures for Sally to meditate on and suggested she join a small group the church offered that focused on divorce recovery. Pastor Ron also agreed to contact Sally's husband to see whether he was interested in counseling and reconciliation. What Pastor Ron did not know, however, and might have found out if he would have had an opportunity to get to know Sally better is that she had previously been diagnosed with major depressive disorder and had experienced recurrent bouts of depression with suicidal thinking at different points in her life.

Sally's husband did not return the pastor's calls. Sally seemed particularly upset the next Sunday when Pastor Ron saw her at church and she mentioned to the pastor that things were not getting better. In response to Sally's distress, Pastor Ron had a lay minister offer prayer and emotional support to her, and he also introduced Sally to the leader of the divorce support group. The lay minister further gave Sally the number of a family attorney who attended the church. The next contact that Pastor Ron received about Sally was one that no pastor ever wants to get about a church member: Sally took an overdose of pills and died from the complications.

GETTING STARTED

The story above is true; however, it is a compilation of many stories that we have heard from pastors and church leaders about serious mental health situations that ended in a tragedy. Many stories church leaders have shared with us are heartbreaking, like the one with Sally, and have climaxed in psychotic episodes, violence, or suicide of church members. It is our desire, as we are certain that it is also yours, that these

tragic situations be prevented. This is the main reason that we developed this book: to help church leaders better prepare themselves to minister to people who are hurting. First of all, we would like to point out that Pastor Ron did not do anything wrong. He acted with sincerity and compassion to offer spiritual and social support to a member of his congregation going through an emotional crisis. He provided reasonable pastoral guidance to Sally, but he did not think about the potential lethality of her mental health condition. This chapter starts you on a journey of learning more about mental health and social problems so that you will be better prepared to help church members like Sally. In this chapter, we cover the basic assumptions behind this book, summarize the major licensed mental health professions that may become your partners in counseling church members with severe problems, and review scriptures that focus on the importance of counseling in helping others.

The book of Proverbs says that *where there is no knowledge or vision, my people perish* (Proverbs 28:19). This book is about equipping pastors and other church leaders with greater knowledge and vision, so they can be more effective in their work with people in distress. The degree of preparation to handle complex and difficult mental health and social issues may vary considerably from minister to minister. Most pastors already have some training in counseling, and others may have considerable professional education or even be certified as professional pastoral counselors. Most pastors have told us, however, that they would like more information on counseling and would appreciate a book that puts them in direct touch with the most up-to-date mental health knowledge and resources. We developed this book with these goals in mind. Each chapter helps church leaders gain greater skill in recognizing serious mental illnesses, family crisis, and social problems, and provides steps to follow in assisting church members. This book is unique because it updates church leaders on the evidence-based counseling methods, but also integrates this knowledge with scriptural and ministry approaches. The terms “evidence-based counseling” and “evidence-informed counseling” mean that the approaches suggested within this book are based on the scientific research evidence. This book combines information on the best, evidence-based practices for helping people who are hurting with examples of compassionate and effective ministry.

WHAT DO WE KNOW ABOUT CHURCHES AND MENTAL HEALTH?

As Christians and mental health professionals, we have been involved for over 25 years in supporting churches through our professional and volunteer service in pastoral care, counseling, prayer ministries, and in marriage, family education, and counseling. During that time, we have continuously observed pastors being confronted with serious mental illnesses and family crises from their church members. For the past 20 years, we have also been researchers and developers of mental health and social interventions, and we have been involved in training clinical students and professionals to deliver effective counseling interventions. In the past, we developed resource books and training manuals to help social workers and other mental health professionals become more effective in their practices, but we also envisioned a counseling resource book that could help pastors and church leaders.

This book came after serious reflection about the needs of pastoral work and from our personal experiences with pastors who themselves faced emotional pain while trying to resolve serious mental health issues. The book of Ephesians talks about the role of the pastor as someone who “perfects or equips” other Christians to carry out works of service. The pastor builds up, edifies, or promotes the spiritual growth of Christians (Ephesians 4:11–12). The words *perfect or equip* actually mean “to be fully prepared,” and some translations of the Bible such as the New International Version translate the words *perfect or equip* as *prepare*. We developed this book to help church leaders to be better prepared to counsel the most distressed members of their churches.

We know firsthand how important each chapter in this book is to pastoral care. Both of us volunteer our time in the ministry at large churches and have seen the needs of the church members. In a recent prayer service, for example, a lady came up to one of us and said, “Please pray for me because I just left my husband of 29 years who beat me.” She went on to say, “I had hidden from him in the past, but this week I was forced to meet with him about my divorce. I have been so afraid since that time that I cannot sleep at night. Please pray for me not to be so afraid.” Another church member, very tearfully said that her prayer request was to “help my family. My husband has lost his job, we are losing our home, and we have no place to go. My husband is very depressed.” Other recent prayer requests included people asking for

help with some kind of addiction, anxiety and panic attacks, bipolar illness, the suicidal thinking of a loved one, attention-deficit/hyperactivity disorder, divorce, Internet pornography, and the problems with an adopted child. We could go on and on about the struggles Christians face, but we are certain that each pastor and pastoral care provider has had similar experiences and could add his or her own examples to the ones we have mentioned here.

Assumptions Guiding This Resource Book

In developing this book we made several assumptions about what mental health resources church leaders need, and our ideas are grounded in both our research and practice experiences helping churches.

Assumption 1: Church leaders need mental health knowledge because they see many people with mental illnesses and social problems

The National Institute of Mental Health (2009) reports that about one in four adults has a diagnosable mental health disorder. Thus, there is a definite need for churches to minister to people with mental health needs. Research for over 40 years shows that people with mental illnesses and social problems are more likely to turn to ministers for help than mental health professionals, such as a social worker, psychologist, psychiatrist, or professional counselor (Blank, Mahmood, Fox, & Guterbock, 2002; Koenig, 2005; Larson, Milano, Weaver, & McCullough, 2000; Pickard & Guo, 2008; Wang, Berglund, & Kessler, 2003). We are confident that the burning desire of every pastor and church leader is to minister the love and grace of God to people who are hurting, and we developed this book to be a value added resource for compassionate and effective ministry.

Assumption 2: Church leaders are often the gatekeepers between people and the help they need

Approximately 25%–50% of people with mental illnesses and substance abuse problems first consult ministers about their problems. The guidance that pastors and church leaders provide will go a long way in deciding who will and who will not receive the help they need. Some studies have suggested that some ministers fail to recognize when a person has a diagnosable mental disorder (Stanford, 2007). Since pastors may make first contact with people and their families who are experiencing a mental health or family crisis, they need straightforward information that can help them recognize serious problems. For this reason, this book includes practical information about risk signs and protective factors for different mental illnesses and social conditions. Most importantly, each chapter provides direction so that pastors can decide what they can do to help and what kind of assistance they will need from other professionals.

Assumption 3: Church leaders are important assets in helping people who are hurting

There is an obvious advantage to having church leaders as partners within community-based mental health and social services because ministers can use their relationships and pastoral guidance of church members to assist in the helping process (Dell, 2004). Research and experience have taught us, however, that despite the fact that ministers can be great assets in mental health care, relationships between church leaders and mental health professionals too often do not happen (Weaver, Flannelly, Flannelly, & Oppenheimer, 2003). It is very unfortunate when pastors and their pastoral care teams are not fully engaged in the mental health and social services in the community because their leadership provides spiritual and moral guidance, as well as social support, that can be very helpful to people in distress. While some churches have these relationships, there may be philosophical differences and distrust between mental health professionals and church leaders that prevent both from reaching out to the other in a helping situation (Milstein et al., 2008). Church leaders can take the initiative in developing better relationships with community-based mental health and social services providers. This book offers examples of how to build these relationships and encourages positive partnerships with community helpers for the purposes of providing effective pastoral care to people who are hurting.

Assumption 4: Churches may already be involved in mental health services and the social care of people

Many churches provide help for those with mental illnesses and social problems, and this makes church leaders full-fledged partners with other professionals in the care of these individuals. Research into this area, for example, shows that churches provide a considerable amount of counseling and social services (Dell, 2004; Koenig, 2005; Milstein, Manierre, Susman, & Bruce, 2008). Predominately black churches

have been shown in some studies to offer more mental health and social services than predominantly white churches (Blank et al., 2002). Similar to other professionals that engage people with mental health concerns, ministers need to know how to make available the best mental health practices in their church and in the community. For this reason, we developed this book to cover information that will support pastors and church leaders in making practical decisions about choosing effective approaches to mental health and social services.

Assumption 5: Church leaders will increase their effectiveness in helping people who are hurting when they take a “whole-person” approach

Effective helping strategies for people who are hurting may involve a wholistic or “whole-person” approach that includes biological, psychological, social, and spiritual approaches for helping people who are hurting. We assume that the biological, psychological, and social knowledge offered by this book provides a greater depth of information about mental health than the average pastor may have been exposed to in seminary or Bible school training. Although we realize that there are some church leaders who have advanced training in mental health counseling, it has been our experience that most do not. This book addresses an in-depth approach on how to counsel and help church members when severe psychological and social behaviors are present that may be spiritual in nature but may also have biological, chemical, and/or traumatic antecedents.

Assumption 6: Church leaders can be most effective in counseling people who are hurting when they integrate scriptural and spiritual practices with scientific knowledge

Pastors have a long history of providing ministry to people in society that have the greatest need and are very competent in the prevention of mental health problems (Dell, 2004; Koenig, 2005). Even though pastors and church leaders may be extremely skilled at supporting people through life transitions and stresses, research suggests, and we have also discovered from our experiences, that church leaders may have little or not enough training on the scientific or the evidence-based interventions that have been shown in research studies to be most helpful in resolving mental health and social conditions (Shannon-Lewy & Dull, 2005; Stanford, 2007). This book was developed to fill this gap and to provide information about evidence-based mental health practices for church leaders while offering further integrations of this knowledge with ministry practices.

Assumption 7: Church leaders are highly effective at supporting the healing of people who are hurting

Between the pages of this book are stories that show how pastors and church leaders play an essential part in the healing of people who are hurting. Everyday, through faith and the help of God, pastors and church leaders help people in need live extraordinary lives and accomplish more than anyone could have ever hoped—except God, who always imagines for our lives more than we can ask or think. Ephesians 3:20–21 says:

Now to Him who by in consequence of the [action of His] power that is at work within us is able to [carry out His purpose and] do superabundantly, far over and above all that we [dare] ask or think [infinitely beyond our highest prayers, desires, thoughts, hopes or dreams]. To Him be glory in the church and in Christ Jesus throughout all generations, forever and ever. Amen (so be it). (Amplified version)

In our work as clinical social workers and psychotherapists we have seen ministry from pastors that resulted in remarkable recoveries and even miracle cases, but we have also observed the great miracle of love when someone suffering from a persistent mental illness finds a pastor and church that can offer him or her care despite personal struggles. Our continuous prayer for this book is that it will empower each pastoral care provider to promote spiritual growth, healing, and human resiliency in even more effective ways.

WHAT WE CAN DO: BEST APPROACHES FOR HELPING

One of the first ways for you as a church leader to provide the best counseling and pastoral care to hurting members in your church is to become knowledgeable about the other professionals in your community that carry out mental health and social services. You may know some of these people from your

congregation, but you may not have spent a lot of time learning about who mental health professionals are and what they do. Licensed mental health professionals are qualified in the assessment, diagnosis, and treatment (psychotherapy, counseling, and/or pharmacotherapy) of mental illness, substance abuse, other emotional and mental disabilities, marital and family problems, and diverse social problem areas (e.g., child abuse or domestic violence). The term *mental health professional* has recently been cited interchangeably with *behavioral health professional*. These terms represent a large umbrella under which several types of professionals fall. A psychiatrist, psychologist, social worker (LCSW, DSW, or PhD in social work), psychiatric/mental health nurse, and licensed professional counselors can all be considered a mental health or behavioral health professional depending upon their training.

Who are the Mental Health/Behavioral Health Professionals?

Mental health/behavioral health and social services is an extremely large industry with several different professionals and paraprofessionals working in this area. The Bureau of Labor Statistics, for example, reports that there are 595,000 social workers; 152,000 counseling, clinical, and school psychologists; 100,000 professional counselors; and approximately 38,000 psychiatrists working in the United States. These numbers are only the tip of the iceberg of the numerous licensed mental/behavioral health professionals and paraprofessionals that work worldwide providing mental health and social services (United States Bureau of Labor Statistics, 2009).

BOX 1.1 describes eight major licensed mental health/behavioral health professionals and what types of education and credentials they possess. The highly qualified, licensed professionals that work in mental health and social services have advanced counseling, behavioral sciences, or medical degrees (master's degree or doctorate level), a state license to practice counseling or mental/behavioral health, further supervised practice experiences, and they participate in ongoing continuing education that is required by their practice licenses. They also follow a strict code of ethics and may possess other advanced training and certifications beyond their master's or doctorate degrees that increase their competencies for treating certain problem areas.

Counselors and psychotherapists may come from different professions, but they may be trained to help people in similar ways using the same mental health knowledge and skills. One way to think about the professional crossover of mental health/behavioral health practice is to recognize that mental health counseling is a field of study that may be learned by several different types of helping professionals, including the clergy.

BOX 1.1 Major Licensed Mental Health Professionals

Professional, Certified Pastoral Counselors

Certified pastoral counselors are especially prepared to help churches because they are professionally trained in both theology and a mental health field. These individuals have a 3-year professional degree (MDIV) from seminary and a master's or doctorate degree in a mental health field such as social work, psychology, or professional counseling. They have additional supervised hours in mental health counseling and are certified as professional pastoral counselors through the American Association of Pastoral Counselors (AAPC). This organization also certifies pastoral care providers at different levels of expertise and pastoral-counseling centers that hire mental health professionals to assist congregations and communities. Certified pastoral counselors may hold ministerial licenses, as well as professional licenses, in a mental health discipline. The professional state license to practice psychotherapy and counseling is very important for professional pastoral counselors to hold and provides them the privileges to practice mental health counseling that their ministerial and theology training does not provide. To learn more about certified pastoral counselors, contact The American Association of Pastoral Counselors (<https://aapc.org/>), a membership group of 3,000 pastoral counselors.

Mental Health Chaplains

Mental health chaplains are another group of theologically trained mental health professionals that have seminary degrees and training in mental health. These individuals often work in hospitals and treatment

centers and may assist individual and families with spiritual, mental health, and social concerns. The Association of Professional Chaplains (<http://www.professionalchaplains.org/>) supports health and mental health through spiritual care and reports a membership of 4,000 chaplains and affiliates.

Licensed Social Workers and Licensed Clinical Social Workers

Licensed social workers and licensed clinical social workers (LCSWs) have a master's and/or PhD degree from accredited schools of social work, have additional supervised training, and have passed the state licensing exam to practice social work. Licensed social workers are trained in counseling, administration, and policy and program development for all kinds of community-based services. Many social workers are employed in family and children's agencies, hospitals, and treatment centers and may work in homes to assist both adults and children. Licensed clinical social workers have specialized training to assess, diagnose, and treat mental disorders, including substance abuse. Social workers provide over 60% of counseling and psychotherapy in the United States. They work in mental health agencies, hospitals, treatment centers, and private practice providing counseling and psychotherapy. Social workers also work in churches providing counseling services, although the exact numbers that work with congregations are not known. The Baylor School of Social Work provides a major in working with churches and congregations (http://www.baylor.edu/social_work/) and provides information on Christian social work with congregations.

Schools of social work, such as The University of Texas at Austin and several others, provide courses in religion and social work, as well as dual-degree programs in social work and theology. Christian social workers may belong to the North American Association of Christians in Social Work (<http://www.nacsw.org>). For more information on the practice of social work, contact the National Association of Social Workers, the largest membership organization of professional social workers, reporting more than 150,000 members (<http://www.naswdc.org> or <http://helpstartshere.org>).

Licensed Clinical or Counseling Psychologists

Clinical and counseling psychologists have a PhD or PSY-D in clinical or counseling psychology, have additional supervised training in the practice of psychology, and have passed a state licensing exam to practice psychology. The training of psychologists may vary, but most that have expertise in counseling will establish practices specializing with either children or adults. Psychologists also have advanced knowledge and skills in assessment and administering mental tests and measures. Schools of psychology may offer courses in psychology and religion, and some seminaries offer degrees in counseling or clinical psychology integrating professional training of psychology with biblically based knowledge and practice. Some Christian psychologists may belong to the Christian Association of Psychological Studies (CAPS) (<http://www.caps.net/>) or to the Society for Christian

Psychologists (http://christianpsych.org/wp_scp/resources-page/christian-psychology-topics/), which is a branch of the American Association of Christian Counselors (AACC) (<http://www.aacc.net/>). To learn more about psychologists and their training, contact the American Psychological Association (APA), a membership organization of 150,000 members (<http://www.apa.org/>).

Licensed Child or Adult Psychiatrists

Psychiatrists are medical doctors that hold MDs or ODs to practice medicine, have residency training in psychiatry, and have passed the appropriate state licensing exams for their medically specialties. Psychiatrists have advanced medical training to diagnose mental illness and may treat mental illness with medications. They may also practice counseling and psychotherapy, but the majority of psychiatrists in current medical practice limit their roles to diagnosis and pharmacotherapy, and work in partnership with other mental health professionals to provide psychotherapies. Psychiatrists may work in private practice, hospitals, and community mental health centers, and they are the best professionals to contact in the treatment of the most serious mental conditions that may require medications and/or hospitalization (e.g., schizophrenia or bipolar illnesses). Psychiatrists are often leaders in the mental health field, and they have been instrumental in promoting training in pastoral counseling and may work closely with mental health chaplains in their work. At their annual meeting, the American Psychiatric Association (APA) sponsors

papers and special interest meetings on spirituality and working with clergy. The APA also archives papers from the Association of Mental Health Clergy, also known as the Association of Professional Chaplains (<http://www.professionalchaplains.org/>). For more information about psychiatrists, contact the APA, a membership organization of 38,000 psychiatrists (<http://www.psych.org>).

Psychiatric/Mental Health Nurses

Psychiatric/mental health nurses are advanced nurse practitioners who have a master's or PhD degree in nursing, specialized clinical education and supervisory experience in mental health nursing, and have passed a state licensing exam to practice nursing in their advanced areas. Psychiatric/mental health nurses may work in hospitals or treatment centers and may also be in private practice. They are specialists at mental health diagnosis, education, and developing appropriate treatment plans. They may also be trained to deliver psychotherapies. Psychiatric/mental health nurses may further administer psychiatric medications and are excellent at interpreting the needs of mental health patients to psychiatrists. Similar to social workers, advanced nurse practitioners, like mental health nurses, may work in the home and have an interest in community-based care. While it is not known how many mental health nurses may work in churches, congregational or parish nursing is an established international field and is an important part of preventative medicine (Solari-Twadell & McDermott, 2006). For more information on psychiatric/mental health nursing, contact the Psychiatric Nurses Association, a membership group of 6,000 nurses (<http://www.apna.org>), or the International Parish Nurse Resource Center (<http://www.parishnurses.org>).

Licensed Marriage and Family Therapists

Marriage and family therapists (MFTs) have a master's or PhD degree in marital and family counseling, additional supervised training in marriage and family practice, and have passed a state licensing exam to practice marriage and family therapy. It is important to note that marriage and family therapy is both a discipline and a counseling area. For this reason, MFTs are not the only mental health professionals trained to do marriage and family therapy because other professionals such as certified pastoral counselors, social workers, or psychologists may also specialize in the practice of marriage and family therapy.

Licensed marriage and family therapists have special training in psychotherapy and systems theory and believe that the best way to help people is in the context of the family. Marriage and family therapists know how to work with individuals, couples, families, and parent-child relationships to resolve mental health and relationship problems. Marriage and family therapists may work in private practice, community agencies, and in churches. For more information on marriage and family therapists, contact the American Association of Marriage and Family Therapy (AAMFT) (<http://www.aamft.org/>), a membership organization of over 24,000 marriage and family therapists from diverse disciplines.

Licensed Professional Counselors/Licensed Mental Health Counselors

Licensed professional counselors (LPCs) or licensed mental health counselors (LMHCs) have a master's or PhD degree in a counseling field, additional supervised training in professional counseling, and have passed a state licensing exam to practice professional counseling. Professional counselors are trained to diagnose and treat mental disorders, including substance abuse, and these professionals may work in community agencies or private practice. Some professional counselors also work in churches or may have specialized training to work in Christian counseling. Christian counselors may belong to the American Association of Christian Counselors (<http://www.aacc.net/>). For more information on professional counselors, contact the American Counseling Association (<http://www.counseling.org>), a membership organization of 45,000 members.

Other counselors and social services providers

[Box 1.1](#) described the major licensed mental health professionals, but this book also mentions other counselors and social services providers, such as addictions counselors, school counselors, school psychologists, school social workers, and foster care and child protective services workers. There are too

many types of counselors and social services providers to cover in detail in this chapter. What we have provided in this chapter is a description of the major professions that are highly qualified and licensed by most states to offer mental/behavioral health counseling. This is not say, however, that other counselors not mentioned in [Box 1.1](#) are not qualified. Other counselors and social services providers mentioned throughout this book may sometimes even have the same degrees and similar training as the licensed mental health professionals mentioned in [Box 1.1](#). A child protective services worker, for example, may have a master's degree in social work, but on other occasions these types of helpers may not have these advanced professional degrees or credentials depending on different state requirements for these jobs.

For this reason, it is important for church leaders to be aware of the training and expertise of different counselors and social services providers in order to determine what type of community-based helpers may be most beneficial to members of their churches. Each chapter in this book provides an in-depth look at the counseling approaches and the types of professionals and services that may be most helpful to different types of people who are hurting.

Identifying Christian Mental Health Therapists and Counselors

Of interest to many church leaders is the identification of Christian counselors and mental health professionals. Some licensed therapists and counselors specialize in Christian counseling, and these individuals may belong to the American Association of Christian Counselors (AACC) (<http://www.aacc.net/>), a membership group of over 50,000 Christian counselors. Some ministers have advanced degrees in mental health counseling, as well as seminary degrees. Ministers that have advanced mental health training may belong to the American Association of Pastoral Counselors (AAPC) (<https://aapc.org/>), a membership group of 3,000 certified pastoral counselors. Pastors and church leaders may consult AACC or AAPC to find qualified Christian counselors in their area. Several other membership organizations for Christian mental health professionals were covered in [Box 1.1](#). It is important to keep in mind, however, that not all Christians who are mental health professionals belong to these specialized Christian groups. [Appendix A](#) further lists other Christian counseling organizations and agencies that a pastor or church leader may contact.

How to Choose the Right Mental Health Professional

In selecting a mental health professional, it is important to know about a counselor's practice specialization because similar to medical specialties, counselors and psychotherapists may have different expertise in helping people. Some state licenses may also restrict the privileges and practice domains of certain counseling professions that practice mental health, so it is always a good idea to become aware of your state laws for mental health practice. You can learn about state laws by contacting your state's licensing office and may even want to request a workshop or presentation be done on the topic for church staff.

In choosing the right mental health professional, it is prudent for church leaders to screen licensed mental health/behavioral health professionals and to discuss their education, training, and experiences, as well as their viewpoints toward working with Christians, before making a decision about what professionals are best prepared to help your church members. This approach to selection and referral may take some time getting to know various therapists and counselors within your local community. The time you spend in getting to know community mental health professionals is a good investment in your ministry because it can result in building a community-based team of helpers that you can trust and turn to when counseling church members.

Our bottom-line advice for choosing the right mental health professional, however, is to choose mental health therapists based on their advanced degrees, credentials, and state licenses, and experiences in applying effective interventions with the types of people who are hurting that you are helping. You should not hesitate to ask for a professional counselor's track record in assisting people with certain types of problems. How many people with a certain problem have they seen and with what results? Do they apply evidence-based practices and evaluate the effectiveness of their work, for example? Church leaders will learn more about what type of mental health therapy and counseling is needed for different problem areas, as well as the best evidence-based practices to look for in the training of mental health professionals, in

the different chapters of this book.

HELPFUL BIBLE VERSES

Luke 4:18 serves as our anchor scripture for this book. *The spirit of the Lord is on me because he has anointed to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight to the blind, to released the oppressed, to proclaim the year of the Lord's favor* (Luke 4:18, New International Version). Our model for ministry is the social justice and mercy that Jesus showed to everyone with which he came into contact. Proverbs 31:8-9 says, *Speak-up for those who cannot speak for themselves, for the rights of all those who are destitute. Speak-up and judge fairly; defend the rights of the poor and needy.* Some translations of the Bible translate the word *speaking-up* as “open your mouth,” and this means we are to take action to administer social justice to hurting, defenseless people who are in great need of help. We also read in the Bible that counseling is important. Isaiah 9:6 states that our mighty God is a wonderful counselor, and John 14:16 says that the Holy Spirit was sent to be our counselor. Even though we are cautioned in scripture to evaluate the counsel given to us and to not forget to seek the counsel of God (e.g., I Kings 22:5; Isaiah 30:1–2; II Chronicles 22:4–5), there are also many scriptures that tell us that it is important to seek counseling from others.

We have always liked the book of Proverbs because it is filled with wisdom on how to live a successful life. Proverbs tells us that there is wisdom and safety in taking advice from counselors (Proverbs 11:14; 12:15; 13:10). Scriptures in this text also urge us to consider that *plans fail for lack of counsel but with many advisers they succeed* (Proverbs 15:22). Although the writer of Proverbs may not have had in mind the professional counselors and therapists of our day, the wisdom of taking advice from trusted others still applies. These verses in Proverbs also suggest that only fools, the proud, and the rebellious refuse to take counsel from others.

The word *counsel* in the Bible usually means to consult, advise, and to resolve problems or find solutions. God has many anointed helpers in the world, and he works through people to help other people. God never intended for us to be isolated in resolving problems, but to work as a team with others. It may take a village to raise a child or an entire community of helpers to save many of the families and individuals that we serve. Our prayer is that through the contents of this book, pastors and church leaders will discover new passion to find their community of helpers and the solutions to meet the needs of the hurting people within their churches.

KEY POINTS TO REMEMBER

- People with mental illnesses, substance abuse, and social problems may be more likely to consult pastors than mental health professionals, such as social workers, psychologists, or professional counselors.
- Pastors and church leaders serve as gatekeepers between people who are hurting and effective treatment, and they are important partners in the provision of mental health and social services.
- Seminary and Bible school training may not completely prepare ministers for the challenges of pastoral care and counseling people who are hurting.
- Church leaders may benefit from updated knowledge in the scientific understanding of mental illnesses and social conditions and effective mental health interventions.
- The best ways for pastors and church leaders to help people who are hurting is to combine scriptural and ministry approaches with the best scientific methods.
- There are eight major licensed mental health professionals, and it is important for ministers to be proactive in establishing relationships with these professionals for the purposes of providing effective care to people who are hurting.
- God has called each of us to administer social justice and mercy to the poor and needy.

- The scriptures advise us to seek counseling, and they remind us that it is advantageous to work together with others when helping people in need.

FURTHER LEARNING

Graham, R. (2008). *In every pew there is a broken heart: Hope for the hurting*. Grand Rapids, MI: Zondervan.

Inspirational self-help book that explains a personal journey illuminating how to receive help for problems.

Koenig, H. G. (2005). *Faith and mental health*. West Conshohocken, PA: Templeton Foundation Press.

Scholarly book with an extensive list of Christian organizations and helpers.

Stanford, M. S. (2008). *Grace for the afflicted*. Colorado Springs, CO: Paternoster.

Self-help book that discusses several different mental illnesses and offers an analysis of Christian theology regarding the differences between demonic activity and mental illness.

Web Resources

American Association of Christian Counselors. <http://www.aacc.net/>

American Association of Pastoral Counselors. <https://aapc.org/>.

Association of Professional Chaplains. <http://www.professionalchaplains.org/>

For additional resources, see [Appendix A](#).

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